



State of Tennessee

Department of Commerce and Insurance

Board of Architectural and Engineering Examiners

500 James Robertson Parkway, Third Floor

800-256-5758

615-741-3221 (Nashville Area)

Nashville, TN 37243-1142

615-532-9410 (Fax)

INSTRUCTIONS TO EXAMINATION CANDIDATES REQUESTING ACCOMMODATION

- If you have a disability that may require some accommodation in taking an examination, please complete the “Request for Accommodation” form below, and submit it to the Board office at the address listed above with your application.
- Some disabilities that are not readily discernable may also require additional documentation. This documentation should be from an appropriate professional who is familiar with your situation. If you have not been given accommodation in recent similar testing situations, the form below for obtaining this documentation, "Documentation of Disability Related Needs," should be signed by the professional in question. Supporting documentation regarding your disability that may be helpful in determining what accommodation may be required in an examination setting should also be attached.
- Because examinations are used by our Board for certification or licensure purposes in Tennessee, the national councils who prepare our exams may also review your accommodation request and supporting documentation after it has been reviewed by the Board. When we receive notification that the national council has approved your request for accommodation, we will notify you as soon as possible.
- Any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside sources other than the national councils without your express written permission.
- Because of time constraints that may be involved in accommodating certain requests, if accommodation is not requested in advance, we cannot guarantee the availability of being able to provide accommodation on short notice or on-site.

If you have any questions regarding your request, please do not hesitate to contact the Board office at the phone numbers listed above between 7:00 A. M. and 4:30 P. M. Monday through Friday.



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ACCOMMODATION REQUEST FOR EXAMINATION

The information requested below, any documentation regarding your disability, and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside sources other than the national regulatory councils who prepare the examinations utilized by the Board without your express written permission. Please type or print the information requested on the front of this page except for your signature. Some accommodation requests may require additional documentation; if additional documentation is needed, please have the appropriate professional complete the reverse side of this form.

Name: _____

Address: _____

Phone number: _____ SSN: _____

Accommodation is requested for the _____ examination.

PLEASE MARK ALL THAT APPLY:

☐ Accessible Testing Site

☐ Separate Testing Area

☐ Extended Time:

☐ Time and a half

☐ Double Time

☐ More than double-time (Please justify)

☐ Braille Examination

☐ Large Print Examination

☐ Taped Examination

☐ Reader as accommodation for learning disability

☐ Reader as accommodation for visual impairment

☐ Scribe/Amanuensis as accommodation for visual or motor impairment

☐ Sign Language Interpreter

☐ Use of computer or other adaptive equipment (please specify): _____

Other: _____

Comments: _____

Signed: _____ Date: _____

DOCUMENTATION OF DISABILITY RELATED NEEDS
(TO BE COMPLETED BY THE APPROPRIATE PROFESSIONAL)

If you have a learning disability, psychological disability, or other hidden disability that requires an accommodation in testing, please have this form completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) who is familiar with your situation to certify that your disability requires the requested accommodation. *Existing documentation of having the same or similar accommodation provided to you in another testing situation can be submitted for documentation instead of having this portion of the form completed. If you are requesting accommodation that was not provided in a recent academic setting or sitting for a similar examination, please provide appropriate documentation which is less than six months old.*

I have known _____ since _____
(Test applicant) (Date)

in my capacity as a _____
(Professional Title) (License Number if Applicable)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:

PLEASE MARK ALL THAT APPLY:

- ☐ Extended Time:
- ☐ Time and a half ☐ Double Time ☐ More than double time (Please justify)
- ☐ Separate Testing Area
- ☐ Braille Examination ☐ Large Print Examination ☐ Taped Examination
- ☐ Reader
- ☐ Scribe/Amanuensis as accommodation for visual or motor impairment
- ☐ Use of computer or other adaptive equipment (please specify): _____

Other: _____

Typed Name and Title: _____

Signed: _____ Date: _____

NOTE: Please attach any other documentation regarding the individual's disability that should be considered in providing accommodation in an examination setting.